

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **30740**
Registrar's No. **7537**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7537	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. LENGTH OF STAY (In this place) 9 days		c. CITY OR TOWN Festus		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarnate Word Hospital				e. STREET ADDRESS (If rural, give location) 936 West Main			
3. NAME OF DECEASED (Type or Print) Harriet Elizabeth Delaney		a. (First)		b. (Middle)		c. (Last)	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		4. DATE OF DEATH (Month) (Day) (Year) August 26, 1955	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH Sep. 16, 1893		9. AGE (In years last birthday) 61 # UNDER 1 YEAR Months 11 Days 10 # UNDER 1 HRS. Hours 10 Min.	
11a. BIRTHPLACE (City and State or Foreign Country) Festus, Mo.		11b. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME Richard Alcott		13b. MOTHER'S MAIDEN NAME Kathryn Little		14. NAME OF HUSBAND OR WIFE Charles A. Delaney			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Charles A. Delaney ADDRESS 936 W Main, Festus, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of uterus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 172x				INTERVAL BETWEEN ONSET AND DEATH 2 yds.	
19a. DATE OF OPERATION 2 yds ago		19b. MAJOR FINDINGS OF OPERATION Cancer of body of uterus				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a) In or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 18 Aug, 1955 to 26 Aug, 1955 , that I last saw the deceased alive on 26 Aug, 1955 , and that death occurred at 9 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE J. Woodman				23b. ADDRESS 1657 N Grand		23c. DATE SIGNED 27 Aug 55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-30-55		24c. NAME OF CEMETERY OR CREMATORY Festus Methodist		24d. LOCATION (City, town, or county) (State) Festus, Missouri	
DATE REC'D BY LOCAL REG. AUG 29 1955		REGISTRAR'S SIGNATURE J. Cash Smith		25. FUNERAL DIRECTOR'S SIGNATURE Vinyard Funeral Home ADDRESS Festus, Missouri			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

May 16 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Donald H. Vinyard

Licensed Embalmer No. 146

P. O. Address Festus,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.